The Wellness Forum Institute for Health Studies

510 East Wilson Bridge Road Suite G
Worthington, Ohio 43085
614 841-7700

(this school is approved by the State Board of Career Colleges and Schools registration number 09-09-1908T))

Student Disclosure Form

Enrollment Agreement and Catalog

I have read and received a copy of the enrollment agreement and received a copy of the school catalog.

_____ **Student initials**

Written Contract

I understand that the terms and conditions of the enrollment agreement are not subject to amendment or modification by oral agreements. All changes must be in writing and signed by both parties.

_____ **Student initials**

Placement and Graduation Rates

I have been informed of the school's placement and graduation rates for the program I am entering (as applicable)

_____ **Student initials**

Employment

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment or been guaranteed to earn a specific salary range upon graduation.

_____ **Student initials**

Transferability of credits

I understand that the transferability of credits to another institution is determined exclusively by the receiving institution. No person can imply or guarantee that my credits will be transferable.

_____ Student initials

Grievance Procedure

I understand the grievance procedure listed on the enrollment agreement and my right to contact the State Board at the address and phone number listed above.

_____ Student initials

Student's Signature _____ Date _____

School Representative Signature _____

Date _____